

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 572931

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7	/					
8	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.	3					
TOTAL DEP.	56					
TOTAL CLAIMS	59					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52						
53	/					
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55	/					
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						